the best of my information I consider that if everything possible had been done this malady would have died long ago. From the existing state of conditions I presume that the Public Health Department or the Government are not fully alive to the situation and do not take all the steps that they ought to take.

DEPUTY PRESIDENT : For the sake of clearness I wish you will explain the position. The question resolves itself into two ; *i. e.* the Government did not do all that they could do on their part and that Government are not doing all that they can do apparent by to get rid of the evil. These two cases may be separately dealt with so as to enable the House to understand the situation better.

MR. K. SANKARAN (*Kartikapalli I*): My submission is that Government or the Public Health Department has not done all that it should have done in the circumstances and so the object of my motion is to suggest that Government must realise fully the seriousness of the situation and must spend lavishly whatever amount is required to meet the present situation. It is with that special object that this motion is tabled. It is not only in the interest of the people of the locality who are really affected by this malady that this motion is tabled. If the people of the locality who are really affected by this malady are not taken care of, there is the graver danger of its spreading throughout Travancore and the neighbouring districts and the situation would be much worse. So that whatever amount is required should be spent. My submission is that if the required amount is now spent it would be a gain to Government because there will not be any necesstity to spend any amount on account of the spread of the disease. I think the Government can have the fullest support of this House in spending to the fullest extent any amount to meet the requirements of the people of the locality for the supply of food, clothing and to make necessary arrangements for the housing of these patients who are really infected. Any amount may be spent by Government even though these are days of economic depression and Government may be in a rather difficult position. I do not deny that Government might not find difficulties in the matter of spending money but in cases of epidemics like malaria, cholera, plague, small-pox etc.,—these epidemics should not be allowed to develop and spread throughout the country so that it might cause a suffering to the people at large. My submission is that Government can fully be confident that they will have the warmest support of this House to spend whatever amount is required to meet the situation that has arisen in South Travancore and to see that this malady is removed root and branch from all parts where it has taken root and then make sure that the portions of South Travancore where the malady is raging are free from further infection and people in these parts and other parts of the State can safely rely on the actions of the Department and the Government. With these observations I move this motion for the acceptance of the House.

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MR. T. KRISHNA PILLAI (*Neyyattinkara II*): Sir, representing a constituency which lies almost on the outskirts but within dangerous proximity to the affected area I wish to speak a few words. Let me at the outset thank the President for having given due importance to this subject by allowing us an opportunity to discuss this vital question of the hour on the floor of this House. From the figures available to us we find that the disease has spread with alarming rapidity and that the remedial and preventive measures so far taken by the Public Health Department as well as the Health Unit at Neyyattinkara are neither adequate nor satisfactory. Undoubtedly this epidemic exhibits unmistakeable symptoms of ordinary malaria but from the virulent, infectious nature and the high rate of mortality of the disease, I must say, with due deference to the opinion of experts, that it is not the ordinary case of malaria and that the ordinary treatment by administering doses of quinine alone is not at all efficacious. Whatever may be the root cause of the disease whether it be due to the presence of mosquitoes, the scorching heat of the locality or the scarcity of good drinking water, I must say that the one factor that contributed considerably to the spread of the disease with such lightning rapidity is the utter poverty of the inhabitants without food, rainment or shelter. it is no wonder that they fall an easy prey to this fell disease. Last Sunday when I visited Kallikad, the doctor on special duty there, told me that if quinine is administered continuously for a few days it would bring back the patient to normal condition ; but the utter poverty of the patient compels them to take whatever food they could get and what invariably happened was that tapioca which is the only available cheap food in the locality was taken in large quantities and the result was complete relapse. What I submit is that the immediate medical aid rendered at present will not at all avail in the long run without at the same time attending to the proper nourishment of the patient as well. I also learn that 10,000 rupees worth of medicines has been distributed to the patients and if the present policy is continued I am sure, that ship loads of quinine will have to be got down and distributed without commensurate advantage to the people. The Government were gracious enough to dole out a pittance of Rs. 2,000 for the three taluks of Vilavankod Neyyattinkara and Nedumangad. This amount was inadequate and the distribution of rice had to be stopped after a couple of days.

Instances are not wanting when Government compelled contribution from public servants of the State to meet certain extravagant expenses in which they took particular facination or interest. Sir, very recently, 5 per cent. of the salary of officers was taken for the celebration of the Silver Jubilee.

DEPUTY PRESIDENT: All that does not arise, Mr. Krishna Pillai. You are concerned with the relief of the distressed. You can speak on that.

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MR. T. KRISHNA PILLAI (*Neyyattinkara II*): What I submit is that a healthy co-operation and a very handsome contribution from Government can alone relieve the present distress. There is no gainsaying the fact that a lump sum allotment from Government is quite indispensable at this predicament. And, now Sir, when thousands of our brethren are dying almost daily due to this fell epidemic, is it too much to ask our officers to contribute a small percentage of their salaries to save these souls from sure death and also to ward off a calamity which would assume uncontrollable dimensions if not promptly and properly handled at this predicament? Now is the time, Sir, to translate all those professions of charity and compassion to veritable acts of benevolent redemption.

MR. K. PADMANABHAN (*Chirayinkil I*): Sir, before we proceed with the discussion further, I may suggest that the House will be benefited and the discussion facilitated if the Government Benches will enlighten us with the existing state of affairs in the infected areas the number of attacks, mortality etc., and the steps taken by Government to ward off the malady.

DEPUTY PRESIDENT: I leave that to the discretion of the Government member. If he wants to speak now he may do so.

MR K. PADMANABHAN (*Chirayinkil I*): I am making this suggestion seeing that it would facilitate discussion on the matter.

DEPUTY PRESIDENT: If the official member wants to speak now, he may do so; or he may speak later on.

MR. N. K KRISHNA PILLAI (*Neyyattinkara I*): I am very glad that my frend, Mr. Sankaran, thought it fit to table such a motion. On the first day of the meeting of the Assembly, Sir, I had myself sent in a motion for the adjournment of the House on the same subject as is now before the House. Until yesterday I was under the impression that it was my motion that was admitted for discussion, and it was new to me, Sir, that when one who represents the major portion of the affected area and who has seen at first hand the trend of affairs there has sent in a motion for adjournment of the House, he was not to be given the choice of moving that motion.

DEPUTY PRESIDENT: Let me frankly tell you that whatever be the history of this transaction and happenings, all that does not arise in discussing this question and I particularly called you earlier in the discussion so that you representing the Neyyattinkara taluk naturally will have much to say. What you did with regard to your own adjournment motion and what the Government did not do, all these could not facilitate the discussion. Let us not agitate over that now.

MR. N. K. KRISHNA PILLAI (*Neyyattinkara I*): I am pointing to this fact, Sir, as a mild resentment to an apparent impropriety. When I found the resolution against the name of Mr. Sankaran, while I myself, who has the honour to represent the major portion of the affected areas in the Neyyattinkara taluk, have already sent in a motion for adjournment.....

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DEPUTY-PRESIDENT : That is a reflection on what the Chair has done and so I cannot allow it.

MR. N. K. KRISHNA-PILLAI (*Neyyattinkara I*): Well, that does not matter. As I already said, I am really glad that my friend has been chosen to move the resolution. That he is interested in the welfare of South Travancore and that he has given the matter an all-Travancore importance is a subject which deserves praise. My constituency, Sir, is one that has been hit the hardest by this epidemic. The affected area is a long belt of land which is about 12 miles long and 10 miles wide extending from the hills on the east. My taluk Sir, has been the first to bear the brunt of the attack. Soon this epidemic spread to the neighbouring pakuthies and went right into the Municipal area. Meanwhile it was found that some portions of the Nedumangad and Vilvankod taluks were also affected. The area over which this epidemic has spread is over 120 square miles in extent and over 500 deaths have up till now occurred even according to the statistics of the Public Health Department. But I am sure the actual number would be much more. All the same, what I want is to draw the attention of the House to the fact that the situation created by this epidemic is really very serious and that Government should with all the resources at their command try to combat the disease and bring the same under control at an early date. The seriousness of the situation can be gauged by just looking at the figures furnished by the Public Health Department. The Public Health Department took up the anti-malaria campaign from the first of Medom. About the middle of Medom according to the figures of the Health Department the number of attacks was 7,000. On the 23rd of the same month this figure rose to 12,400. On the 3rd of Edavam when the Dewan visited Neyyattinkara, according to the figures furnished by the Health Department the total number of attacks was about 16,000. As for the figures in Edavam the number of patients under treatment rose to 26,000 and odd. In Neyyattinkara alone the number of patients were about 22,000, in Nedumangad about 3,500, in Vilavankod about 1,000. These figures, Sir, speak for themselves. The House, I think, will now be in a position to realise the extreme seriousness of the situation that is now confronting us. Of course, to the credit of the Public Health Department, it must be said that, as soon as they got scent of the matter they took action promptly and started a number of treatment centres. They sent out their fieldmen and gave quinine treatment from the different centres. The Director of Public Health was also briskly moving about and under the expert direction of the Officer in charge of the local Health Unit Dr. N. Krishnan Tampi, the anti-malaria campaign, I might say, is satisfactorily progressing. But in spite of the strenuous efforts made by the Department the net result, I am sorry to observe, is an increase in the number of attacks. Even now, I am sure, the number of attacks is steadily mounting. The figure 26,000, *i.e.* of people who were down with malaria last week in all these 4 taluks must certainly have now increased by a few thousands. Dr. Gopala Pillai, I am sure, will enlighten us as to the actual condition.

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at present with reference to facts and figures. In any case, Sir, I have intimate personal knowledge of the conditions now obtaining in Neyyattinkara, and I can confidently assert that the disease has not been brought under control though there is apparently some sign of subsidence in some areas.

Sir, one important matter to which I call upon the attention of Government is that they should never stint in granting as much money as possible for relief. The House must know that about 99 per cent of the stricken people belong to the poorest classes of labourers and cultivators. Even in normal times they have not the wherewithal to maintain themselves, and when they are down with such a deadly disease as malaria, the extent of their distress may better be imagined than described. It is malnutrition that is aggravating the malady.

Sir, we have formed a Central Relief Committee and as President of that Committee I approached the Government for a sum of Rs. 3,000 to be granted as the first instalment for the immediate relief of the distressed. But Government were pleased to sanction only Rs. 1,000. One thousand rupees, the House must know, for more than 25,000 people who are down with such a deadly fell disease and who have been rendered completely helpless and starving! One thousand rupees for their relief, Sir, is but a drop in the ocean. This one thousand rupees have completely vanished in the course of 4 or 5 days in spite of the fact that extreme care was taken by those who were in charge of the distribution of this amount to see that relief reached only the poorest. I have already submitted that it is very difficult to pick and choose the poorest from among this more than 20,000 souls who are all under the throes of extreme poverty. From the existing state of affairs it is practically impossible to say who is poor and who is not poor. Since we could get only this small pittance we had to see that only the poorest among the poorest got the benefit of that amount. Now, Sir, with this one thousand rupees about 15,000 people were fed. What little we have been able to get as contribution from the generous public in the shape of rice, we are now distributing among the stricken poor. The public men of Trivandrum have organised a committee and they also are trying their level best to make some collections, and what they have collected they have already sent to the affected areas. In this connection, I must also gratefully mention the fact that the merchants in Trivandrum have generously sent us some consignments of bags of rice. So, what I strongly urge upon the attention of the Government is that in view of the unprecedented outbreak and spread of malaria in an epidemic form and in view of the unusually large numbers that are stricken by it, Government must unstintingly come to their help and immediately sanction not less than Rs. 10,000 for the relief of the distress.

MR. K. MADHAVAN (*Nominated*): Sir, I am in full sympathy with the motion before the House. Malaria is not a new disease so far as Neyyattinkara taluk is concerned. In fact we have got a Malaria dispensary at Perunkadavila where quinine is distributed. But there

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[Mr. K. Madhavan.]

is no time within our living memory when the disease has caused such havoc throughout the taluk. The causes of the disease are not far to seek. Of course, famine and pestilence go hand in hand. It was due to famine that this disease has broken up. Now this disease has assumed a peculiar characteristic. Formerly the outbreak was rather sporadic and there were stray cases of attack just before and after the monsoons. Now it has spread like prair *i. e.* fire, and has covered almost the whole taluk with bewildering rapidity. More than 120 square miles of the total area of the taluk have been affected by the disease and more than 30,000 people are laid up with the disease.

MR. A. THANU PILLAI (*Trivandrum-Rural*): Is it the virulence of the disease or the starvation and neglect of the people that is causing death?

MR. K. MADHAVAN (*Nominated*): Death is due both to the virulence of the disease and to the starvation and neglected condition of the people. In former times malaria was not so fatal, as at present. Now if a man gets malaria in a virulent form he passes away within a week's time, and as far as I know, and I am not an expert, the medical authorities have not as yet diagnosed the disease. The amount that was sanctioned by Government *i. e.*, Rs. 1,000 to be distributed among the suffering people is utilised for the distribution of doles of corn and quinine. The Government are distributing quinine in 22 centres. In my opinion, the distribution of doles of corn and the medicine is quite inadequate to meet the needs of the situation. The area which is affected most is the hilly tract of the Neyyattinkara taluk and almost all the inhabitants of that are down with fever. There is no one to get them medicine. What I suggest is that medicine should be distributed by compounders and they should be directed to make house to house visits for the distribution of the same. Government should see to this. More doctors and compounders possessing special qualifications should be immediately deputed on special duty.

MR. S. J. NAIR (*Nedumangad*): My taluk, I mean Nedumangad, is seriously affected by malaria as a result of the recent outbreak. At the very outset I must thank the Government for at least the small timely help they have rendered for the cause of the suffering people. Sir, I am glad to note that as soon as they got scent of the outbreak of the epidemic through me, they were very prompt to send up their responsible officers to the spot to do something. I need hardly inform the House that my taluk is an extensive one in point of area and that there is a growing population there. The disease has broken out in various parts of the taluk. There is no adequate means of communication there and those who are under the grip of the disease find it very difficult to get treatment from dispensaries or even the relief centres. The people in hundreds are laid up of malaria in out-of-way places. There are no roads or sufficient means of communication for the suffering people to get access to the dispensaries or relief centres. The area of Nedumangad taluk is about 366 square miles. It is inaccessible in various parts due to want of means of communication; and the

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malaria patients are not in a position to go to the dispensaries or to the relief centres. In the circumstances, I propose to make some suggestion which I hope the authorities can and will readily and willingly accept. I would request, as a temporary measure, Sir, that relief camps might be opened in the following centres in the taluk, namely, at Bharatannoor, Kallara, Kurakodu, Vamanapuram, Vellanchira, Kanniakulangara, Vattapara, Nedumangad, Anadu, Palodu, Perungammala, Vidura, Kallar, Aarianadu, Man noorkara, Kattakada, Veernanakavu, Pirappencodu, Aruvikara, Vellanadu, and Parantodu.

DEPUTY PRESIDENT : Evidently, you have mentioned the various pakuthies in the taluk.

MR. S. J. NAIR (*Nedumangad*) : Not exactly pakuthies, Sir ; but the centres of malaria affected areas in Nedumangad taluk. I have personal knowledge.....

MR. K. R. ELENKATH (*Kalkulam I*) : May I ask the member how many times the member has visited these parts since the epidemic broke out ?

DEPUTY PRESIDENT : That question need not be answered. When a member comes and tells us that he personally knows the conditions of his constituency, we need not ask any question to test his veracity or his knowledge. Mr. S. J. Nair need not answer the question. He may develop his argument.

MR. K. R. ELENKATH (*Kalkulam*) : I merely wanted to know whether the figures that he has given and other information, are the latest.

DEPUTY PRESIDENT Then, you may put the question in that form.

MR. K R. ELENKATH (*Kalkulam I*) : When did the member last visit these localities ?

MR. S. J. NAIR (*Nedumangad*) : Several times. Even yesterday, Sir, I visited some of the places—not all—with my esteemed friend, Mr. K. P. Nilakanta Pillai, Member of the Sri Chitra State Council. I have first-hand information and personal knowledge of the real state of affairs that exist in my taluk.

Besides opening temporary relief camps in the 21 centres I have mentioned, I would also request that the supply of rice, for food for the patients, may be increased. Only Rs. 500 has been allotted for my taluk. As for the taluks like Neyyattinkara, they have better means of communication and there are public-spirited men to do relief work. Even the Trivandrum merchants have made substantial contributions towards the relief work in Neyyattinkara. And, they have more medical officers there. But, Nedumangad is very backward, Sir, in all respects. It is backward in point of education, in the matter of means of communication, in the matter of a sufficient number of public-spirited men and women.

MR. N. K. KRISHNA PILLAI (*Neyyattinkara I*) : Have the Government established relief centres in Neyyattinkara ?

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MR. S. J. NAIR (*Nedumangad*): The people have opened relief centres there. I know that. That is what I am saying. They are more cultured. There are public-spirited men there like my friend Mr. N. K. Krishna Pillai and many others. I am only glad of that and sorry that my taluk is not so advanced. I know Mr. N. K. Krishna Pillai and his friends there are doing good work. On the other hand, the people of Nedumangad are left entirely to the mercy of the Government, and Government must necessarily come to their rescue.

MR. A. THANU PILLAI (*Trivandrum—Rural*): What have the Government done so far for the people of Nedumangad?

MR. S. J. NAIR (*Nedumangad*): They have opened a few relief centres, in Vidura, Palode, Arianadu, Mannoorkara and Veeranakavu. They have appointed two separate medical officers, at Palode and Vidura, and have opened a dispensary at Arianadu. I am thankful to the Government for what they have already done. Already we had dispensaries at Nedumangad, Vamanapuram, Palode and Vidura. But, the main difficulty, as I said, is for the poor patients to reach the relief centres or the dispensaries. We want more persons to render medical relief. They need not necessarily be qualified doctors, but efficient, experienced and sympathetic compounders and they must have an adequate supply of medicines and rice for food to be distributed. As a permanent arrangement for relief... .....

DEPUTY PRESIDENT: The question of permanent arrangement does not come within the scope of the resolution.

MR. S. J. NAIR (*Nedumangad*): What I am submitting, Sir, is that, for the future prevention of the outbreak and spread of malaria, we should import chincona seeds and freely cultivate the plant here. It is from that plant that quinine is manufactured. That is why I raised the question of permanent arrangement. Plucking the leaves of chincona tree, putting it in water, boiling it and drinking the boiled water is a good remedy to cure cases of malaria. The growth of chincona tree, if promoted, would be a sort of self-help for the people.

DEPUTY PRESIDENT: I wish some gentleman from Vilavankod speaks next so that we may be in possession of facts about the various affected areas.

MR. PUTHUPALLI S. KRISHNA PILLAI (*Quilon II*): There are people wedded to Neyyattinkara and Vilavankod interests.

DEPUTY PRESIDENT: I know that. Still I propose to call... .....

MR. PUTHUPALLI S. KRISHNA PILLAI (*Quilon II*): I rise to a point of order.

DEPUTY PRESIDENT: I am not going to consider points of order which are absolutely irrelevant, unnecessary and calculated to interfere with the discussion.

MR. PUTHUPALLI S. KRISHNA PILLAI (*Quilon II*): My point was...

DEPUTY PRESIDENT: Mr. Krishna Pillai will resume his seat.

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MR. PUTHUPALLI S. KRISHNA PILLAI (*Quilon II*): Yes, Sir, but I want.....

DEPUTY PRESIDENT: Please resume your seat.

MR. PUTHUPALLI S. KRISHNA PILLAI (*Quilon II*): I want to raise a point of order which has nothing to do with the ruling of the Chair. I want a ruling as to whether any member has not got the right to stand up to speak, and whether, when a member has stood up, the Chair ought not to give preference to such member over other members of particular taluks.

DEPUTY PRESIDENT: That question does not arise. The law has been framed in such a manner as to give a good deal of healthy, reasonable discretion to the Chair; and, exercising that discretion according to my best judgment with an absolute sense of fairness and justice, I have called upon the member for Vilavankod. The other question of members' rights does not arise. Every member of this House has certain duties; and so has the Chair.

MR. PACODE A. NARAYANA PILLAI (*Vilavankod*): I am glad, Sir, that I am given an opportunity to ventilate my grievances with regard to the recent outbreak of malaria. (*There was whisper in the House.*)

DEPUTY PRESIDENT: If anybody behaves in a wrong manner by talking, I will have to take the usual steps. I expect silence in the House. I appeal to the self-respect of the members who talk, not to talk.

MR PACODE A. NARAYANA PILLAI (*Vilavankod*): I am extremely glad, Sir, that I am given an opportunity to ventilate my grievances with regard to the outbreak of malaria in my taluk. I do not stand in the way of the wedded interests of any other Honourable Member (*Mr. Puthupalli S. Krishna Pillai left the hall at this stage*).

DEPUTY PRESIDENT: Every member who leaves the Hall has to bow to the Chair. Mr. Krishna Pillai has not done so.

MR. PACODE A. NARAYANA PILLAI (*Vilavankod*): Sir, malaria, in its epidemic form has broken out only in the neighbouring taluk of Neyyattinkara; and partly due to the fact that, in its early stages, the spread of the disease was not arrested and relief measures were not taken in time by the authorities concerned, it ran its course and, in course of time crossed the boundaries of the Neyyattinkara taluk; and it has just reached the Vilavankod taluk. The two pakuthies in the Vilavankod taluk in which cases of malaria occur at present are Kaliyal and Edacode. With regard to Kaliyal, I may say that it is a malarial place even during ordinary times. That is not the case with Edacode. I am really sorry that, all that could be done to arrest the spread of the disease was not done by the Government. Although the bulletins of the Public Health Department speak of 28 relief centres, actually all that could have been done was not done. I must say that the officers concerned have been callous in the matter. I ask Government what was their huge army of medical men doing till a whole taluk was affected? The number of affected persons now stands at the appalling figure of 26,000 in one taluk alone. If timely action had been taken, this could have been prevented.

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MR. A. S. DAMODARAN ASAN (*Mavelikara*): What is the figure for Vilavankod?

MR. PACODE A. NARAYANA PILLAI (*Vilavankod*): I am not in possession of the latest figure for Vilavankod. It was about 2,000 a week ago.

MR. A. S. DAMODARAN ASAN (*Mavelikara*): May I know the number of deaths?

MR. PACODE A. NARAYANA PILLAI (*Vilavankod*): I am not in possession of correct figures with regard to that either. A few deaths took place at Kaliyal as well as in Edacode.

MR. JAMES SIMPSON (*Darbar Physician*): Does the figure 26,000, mentioned by the member, represent all the new cases since the epidemic broke out? A number of such cases has since been cured. That represents the number of cases treated.

RAO SAHIB S. PARAMESVARA AIYAR (*Nominated*): May I know whence all these statistics have been obtained? Is that from Government records or from local enquiry?

MR. PACODE A. NARAYANA PILLAI (*Vilavankod*): These figures have been collected from the Public Health Department bulletins. Though they may not be quite correct, from what I know they approximately represent the actual state of affairs. The problem is a two-fold one. It relates to the Public Health Department and the Department of Medicine. It is both a curative as well as a preventive one. With regard to the preventive part, I am glad to be able to inform this House that the present Director of Public Health is doing all he can to arrest the further progress of the disease. The people of the affected area have got a high opinion of the noble work done by this noble doctor. But with regard to the curative side, I am ashamed to be able to inform this House that the head of the department, Dr. Simpson, has not till this moment paid a single visit to any of the affected areas in Neyyattinkara, Vilavankod or Nedumangad. (*Mr Simpson: question.*)

DEPUTY PRESIDENT: Are you able to tell the House whether it is the Medical Department that is in charge of this work?

MR. PACODE A. NARAYANA PILLAI (*Vilavankod*): I do not know whether it is the head of the Medical Department that is in charge of this work. Whatever it is, Sir, the people expect the Darbar Physician to pay visits to these afflicted areas as often as he can and render whatever help the Department could to the suffering millions.

MR. N. E. VARUGHESE (*Tiruvalla I*): May I know whether malaria is treated in dispensaries and hospitals?

MR. PACODE A. NARAYANA PILLAI (*Vilavankod*): Certainly, a new dispensary has also been opened in the Nedumangad taluk. I also understand that some cases are being treated in the District Hospital, Neyyattinkara. So what I say is that this problem is not entirely outside the activities of the Medical Department which represents the curative part of the problem.

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The next point I have to urge on the attention of the Government is that the higher officers of Government do not seem to have realised the seriousness of the problem. I may bring to the notice of Government that this problem requires to be treated as an all-Travancore problem. True, the disease has now broken out in Neyyattinkara taluk and has only spread to the neighbouring taluks of Nedumangad and Vilavankod. But if the present rate of progress is not arrested betimes, I am sure that in the course of a few months all the taluks of the State would be victims of this fell disease.

The next point I have got to urge upon the Government is that, apart from the medical aspect of it, this problem is a problem of famine relief. It has been found by observation that the disease to some extent has had its origin on account of starvation, under-nutrition, or malnutrition of the poorer classes of the people, especially the labouring classes.

MR. A. EASWARA PILLAI (*Kalkulam II*): Sir, I wish to make a few observations on the motion before the House The epidemic which started a few weeks ago in Neyyattinkara has spread, in spite of the Public Health, Sanitary, and Medical Departments in our State, to the adjoining taluk of Vilavankod. It is a pity that these departments could not help to root out this disease. I fear that we in the neighbouring taluk of Kalkulam will also be affected. I fear malaria will spread and do a lot of havoc in the adjoining taluks as well. Therefore I press on the attention of Government and the Public Health, Sanitary, and Medical Departments to take more attention and do all that is possible to root out the disease at the earliest moment.

MR. PUTHUPALLI S. KRISHNA PILLAI (*Quilon II*): Sir, the problem that has faced us, and that has been brought up for discussion on the floor of the House, is an all important question affecting the interests not only of South Travancore but of North Travancore also. I understand, Sir, on enquiry that the regions that are now reported to be affected by malaria have been recognised to be malarial regions. I find on enquiry that a fever dispensary was established at Neyyattinkara several years ago and that Government were trying to eradicate the evil from this taluk. Somehow or other Government were not in a position to tackle this problem with sufficient force. I understand that some time after the establishment of this dispensary they handed over the function to some mission hospital there and an annual grant is being made to that hospital. I was also told by persons, who are in the know of things, that the system of grant is so sparse and sparing that no benefit is really enjoyed by the people of the locality. I am not surprised that the epidemic has spread with such virulence and force. Government did not bestow as much attention as it deserved. The system of showing the responsibility upon persons who are not responsible for the welfare and well-being of the people of the State is a system which I have to condemn with all emphasis. If Government took regular and systematic measures to eradicate this evil from the taluk, I am sure the epidemic would not have created so much scare and havoc in the inhabitants of these localities.

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[Mr. Puthupalli S. Krishna Pillai.]

One of the members of this House referred to labouring classes. I am not in a position to say that they are labouring classes; but they are classes labouring under some difficulty. The only labour they might be engaged in is the labour of cultivating tapioca. That is not paying sufficiently. Clothed in dirty tattered cloths, emaciated, and faded-looking, the inhabitants of the taluk are the very picture of poverty. In a crisis like this, it is no wonder that the death rate of the locality is really appalling. I was told that even in the last month the number of deaths was about 40. Malaria does not appear to be a disease which will inevitably bring death. It is reported that, with proper treatment and care, death could be avoided. Then how does it happen that the death rate is so high? It is because people are not able to take care of themselves to battle with this disease. And what is it that the Government have to do in such a crisis? The people, even though they are labouring classes, are nevertheless to be treated as human beings. If they are human beings, I suppose their care and safety are in the hands of Government. Government must be prepared to meet the situation at once. It is only once in the way that such an emergency arises. Government must be prepared to render the necessary help with all their resources. I was listening to the speech of Mr. Krishna Pillai when he said that cart-loads and ship-loads of quinine are being distributed among the people. I may say that you may bring hundreds of ship-loads of quinine; still this disease is not going to stop. Prompt steps should be adopted to curb the violence of this disease. It is not by a munificent contribution of a thousand rupees that this disease will be arrested. The people are unable to earn their livelihood, to find the wherewithal to feed and clothe themselves and to meet the situation. It is surprising to note that a munificient Government like ours should not have grasped the seriousness of the situation and come forward with all their support. When Government showed that they were lacking in vigour, honourable citizens of the locality came forward and gave their support. The spirit of the people of Neyyattinkara in showing their munificence to the suffering people has spread to other parts. Thanks to the Chalai merchants, the members of the Sahodara Samajam, Trivandrum, and other munificent persons, large sums of money are being sent to the afflicted locality. I am told, Sir, that there is a Health Unit at Neyyattinkara.

They are very useful. In this period of tribulation and anxiety that is prevalent in the locality I am of the opinion that every body will try to do his utmost to relieve the suffering of the diseased persons. But what did the medical men do at that time after all? It was most disappointing. They measured out some bottles of quinine water to the disease-striken people. But is that a matter deserving the attention of the Health Department? What is it that the Darbar Physician did at that juncture. Let us see whether he ever visited the locality. How many officers were deputed for that purpose? Of them, how many

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were qualified men ? At a time when the fever-stricken patients were in danger, the only medicine that was distributed by the medical men was quinine mixture. But it has to be understood that the patients were suffering from malaria. Was there any examination conducted on patients ? Did the medical men look into the complications of the patients ? No help in that direction was rendered by the medical men to the suffering patients. I was told that there were a few cases of complicated cases of malaria fever. What was the sort of attention that was bestowed by the medical department I shall explain presently. If proper care had been taken at the beginning, complications in the type of fever could have been avoided. Qualified and proper medical men ought to have been posted for the work in the Vilavankod, Neyyattinkara and Nedumangad taluks. Instead of that, Government were playing with the lives of the poor inhabitants of those localities. They seriously missed the opportunity of protecting the people from that fell disease. The Government showed a sort of reckless indifference to the welfare of the people. So my submission is that Government should understand the seriousness involved in this matter and bestow as much care and attention as they possibly can. I would suggest that some more qualified and useful medical officers being sent out to the disease-striken places with instructions to carry on proper treatment. It is not a health unit propaganda work that has to be carried out. It is medical treatment that is wanted. It is not quinine treatment that is wanted. It is medical treatment that is the desideratum.

During my visit to the disease-stricken places, I was impressed by the appalling nature of the filth existing there and the squalid condition of the people. This much was necessary, namely, that Government should have issued proper instructions to the medical officers concerned in the Medical Department to take proper care of the patients. The disease also could have been eradicated in as little time as possible by taking preventive steps. Again, Sir, during my tours in Neyyattinkara I found Government Medical Officers entertaining great care and vigour for their health. When I heard stories of the experience of some of the officers of the State, I was myself feeling nervous, because nobody is certain when a person gets malaria. As a matter of fact, no medical men ever rushed to the places where fever was spreading. All the while, I was praying to God that malaria should be away from the patients and give them all comfort possible. That was only in a spirit of self protection and unofficial benevolence and even that attitude was absent in Government medical men. Is not that the spirit which ought to exist in our medical officers If they could not sacrifice physically, they could have at least spoken kind words to the patients. That is more than medicine. That is humanness.

MR. M. SIVATANU PILLAI (*Tovala*) : Does member expect the Government Medical Officers to risk their lives ?

MR. PUTHUPALLI S. KRISHNA PILLAI (*Quilon II*) : Since they are receiving fat salaries, there is certainly a duty imposed on them to look after suffering patients. They ought to perform their duty valiently.

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[Mr. Puthupalli S. Krishna Pillai.]

More than fifty per cent. of the medical men posed an attitude of heartless indifference.

DEPUTY PRESIDENT: Was that the experience felt by the country people at the hands of the medical men?

MR. PUTHUPALLI S. KRISHNA PILLAI (*Quilon II*): I have very great experience of the mentality of the country people. We who are dressed in coat and trousers, in home spun tweeds went to the homes of the suffering people and spoke kind words to them. Whereas the medical men did not do so. Our presence near the patients as thought as though God had come down to pacify them in their hour of struggle.

MR. K. R. ELENKATH (*Kallulam I*): Does not the member think that the medical men will be immensely satisfied if they were paid more T. A. than for the purchase of medicines?

MR. PUTHUPALLI S. KRISHNA PILLAI (*Quilon II*): I am not concerned with that. I am at a more important and really useful aspect of the matter. We must look to the needs of the people at their period of suffering. During the time of flood in the Killiyar river in Chalai some years back, how many of the respectable gentry kept sleepless nights at the spot where the flood occurred?

MR. PACODE A. NARAYANA PILLAI (*Vilavankod*): Did the Dewan go there?

DEPUTY PRESIDENT: That does not arise.

MR. PUTHUPALLI S. KRISHNA PILLAI (*Quilon II*): It was a thing which happened in the metropolis. All the important officers were there. Even the highest officer of the State was there. Everyone was prepared to keep awake at night and some nights were spent like that. Hospitals and temporary sheds were put up to the needy. There were also munificient contributions towards relief of the distressed folk. But who cares for Vilavankod, Neyyattinkara and Nedumangad taluks? Even the very breeze their is scorched. The very atmosphere in those places is surcharged with malarial germs. That is the feeling one entertains when he goes there. But the medical officers who are deputed there for nursing the sick ought not to be frightened away at the atmospheric condition of the locality. They must feel for the people; they must take some risks. Malaria is not a disease which brings death all on a sudden.

MR. CHANGANACHERY K. PARAMESVARAN PILLAI (*Kunnattur* cum *Pattanapuram*): I regret very much indeed to have to say that the relief measures undertaken by Government for the serious malaria epidemic were belated and inadequate. It is only several weeks after the Government became aware of the breaking-out of the epidemic that they began to pay some attention to the matter and to organise relief measures. In Neyyattinkara, relief measures were started a little earlier because there was the Health Unit there. Generally speaking, I should think, the authorities began to move in the matter very long after the situation arose.

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Now, Sir, I had some personal experience in the matter. I went to Vidura, one of the pakuthies in Nedumangad taluk on the 2nd Meenam. I found almost everybody in the pakuthi down with fever. I visited several houses in connection with Harijan work. I found whole families of men, women and children laid up with fever. The attendance in the school run by me was poor and the attendance of school masters was also irregular as they were also affected by the epidemic, Over 50 per cent of the students attended once in five days. The coolies on the estate could not work whole-time on account of fever. I immediately wrote to the Durbar Physician informing him of the state of affairs and requesting him to convert the bi-weekly dispensary at Vidura into a daily dispensary and also to take some relief measures. There is only one hospital at Vidura and it dispenses medicine only twice a week. If that is converted into a daily hospital, it would afford some relief to the fever stricken persons. For five weeks after the letter reached the Darbar Physician no action was taken by him. Even the receipt of the letter was not acknowledged. Speaking on the acknowledgement of letters, they seem to think that it is *infra dig* to acknowledge letters. No Travancore officer now acknowledges letters sent by non-officials. I shall deal with this subject in detail on some other more suitable occasion. Coming to the point, for more than a month, the Durbar Physician did not only not acknowledge the letter but did not take any action. He never visited the place. He did absolutely nothing. I came to Trivandrum after a month as one of my boys also got malaria. I sought then an interview with the Dewan and explained to him the situation. I am very glad to inform you that he was very sympathetic and noted down my statements and he immediately gave orders to the departments concerned, to take prompt and effective steps. I also wrote to the Director of Public Health who was very sympathetic in this matter. It was only after I interviewed the Dewan, the Durbar Physician moved in the matter. Now, Sir, this culpable negligence on the part of an officer of the status of the Durbar Physician is inexcusable. Supposing the Darbar Physician held a similar responsible office in England and a member of Parliament informed him of the occurrence of an epidemic in his constituency, would he have acted like this and, if he did, Honourable Members and the Darbar Physician know what the result would have been.

DEPUTY PRESIDENT: In order to make this aspect of the matter relevant I think it necessary that the member would tell the House whether the Durbar Physician as such has any duty in this direction.

MR. CHANGANACHERY K. PARAMESVARAN PILLAI (*Kunnattur* cum *Pattanapuram*): Yes, Sir. There are two things which I wish to say. In the first place, it is the duty of the Durbar Physician to arrange for treatment of persons afflicted by the disease and for that purpose to recommend to Government, in the circumstances of the case, that the dispensary should be converted into a daily dispensary instead of a bi-weekly as suggested. Secondly, he is the head of the whole medical

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[Mr. Changanachery K. Paramesvaran Pillai.]

department. If a matter like this is brought to his pointed notice even by an ordinary citizen, apart from being a member of the House, or a man of my position, I should think he should have immediately enquired of the matter and reported to Government. Has he done anything of the kind, I ask?

MR. A. THANU PILLAI (*Trivandrum—Rural*): Sir, may I ask, even without our asking him, is it not the duty of the Durbar Physician to make provision for the treatment of disease?

MR. CHANGANACHERY K. PARAMESVARAN PILLAI (*Kunnattur* cum *Pattanapuram*): Certainly. The attitude of the Durbar Physician was entirely unjustifiable and —

MR. JAMES SIMPSON (*Durbar Physician*): Is the member aware that the series of accusations he made are entirely wrong in view of the fact that the Durbar Physician, as soon as he got information on the subject, took prompt steps, by visiting the stricken areas, collecting statistics and forwarding to Government measures for ameliorating and destroying the disease?

MR. CHANGANACHERY K. PARAMESVARAN PILLAI (*Kunnattur* cum *Pattanapuram*): I know this; my letter was not acknowledged and I think that the Darbar Physician will not deny that. I also know that it was only after I came back to Trivandrum and had an interview with the Dewan and wrote to the Director of Public Health that the Darbar Physician visited the place. That was long after the date my letter reached him and after my interview with the Dewan. For five weeks after the receipt of my letter the Darbar Physician never visited the place. I am quite sure of it. I challenge him to deny it.

MR. PACODE A. NARAYANA PILLAI (*Vilavankod*): May I know how long the Honourable Member was staying at Vidura after he wrote the letter?

MR. CHANGANACHERY K. PARAMESVARAN PILLAI (*Kunnattur* cum *Pattanapuram*): I was staying for nearly 4½ weeks after I wrote this letter to the Darbar Physician. After I wrote to the Darbar Physician I sent a copy of that letter also to the Dewan. Probably that also might have found its way in the waste paper basket of the Secretariat. I was not aware that this disease had taken an epidemic form when I wrote that letter. It is usual in those places to have diseases of this sort. But they do not take an epidemic form. It is only after the bulletins were issued by the Health Department that I know the disease had taken an epidemic form. As I told the House this started early in February and relief measures were begun only at the end of April or early in May, *i. e.* nearly three months after the epidemic started. For three months neither the Darbar Physician nor the Health Department nor the Government took any notice of the serious situation although I informed them at least by the middle of March. In Neyyattinkara also for nearly two months after

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the outbreak of the disease nobody in the Department knew anything about it. Both the Health Department and the Medical Department were ignorant of the fact. Did even the local medical officers or Tahsildars make any report about it to Government? Nothing of the kind was done. This state of affairs can exist and will be tolerated in no other country than in Travancore. I consider the conduct of the officers, especially the Darbar Physician as highly deplorable

Now, coming to the relief measures, the House has got the figures with regard to the number of persons affected by the disease. It is more than 30,000. For the dispensing of medicine in Vidura, I understand, at first, that a special compounder was deputed by Government. He used to dispense medicines from 8 in the morning till 5 in the evening and even then he was not able to serve all the patients. Such was the condition of affairs after the Vidura dispensary began to issue medicines daily. The persons affected by the disease were mostly those who had to do day labour for food. They could not work and they were therefore starving. The supply of food therefore was more urgent than even that of quinine. In recognition of this fact and at the request of the Neyyattinkara Relief Committee the Government sanctioned Rs. 2,000. Out of this they have allotted Rs. 500 for the Nedumangad taluk. Need I say that this is inadequate, extremely inadequate, to relieve 30,000 people affected by the epidemic In Nedumangad for which Rs. 500 has been allotted the number affected by the disease is over 5,000. Even the Harijan Sevaka Sangham, whose headquarters is at Delhi, has on my recommendation sanctioned Rs. 250, for Vidura alone where we have started a relief centre. The Medical Officer in Nedumangad informed my Secretary Mr. Ramachandran that malaria causes other complications such as kidney affection and for that they must take barley or rice water. But what is available to these wretched people is only tapioca and even that is scarce in these days. What is wanted therefore is a liberal supply of rice. For this Rs. 2000 is very inadequate even though that is supplemented largely by the liberal contributions of the Chalai merchants who have generously come to the rescue of the poor. Even the Government allotment is not judiciously spent. The Nedumangad Tahsildar has ordered that no rice should be given to the Kanis because they are chronic malaria patients. Is that a sufficient reason for denying relief to them in this extraordinary situation? This ignorance, negligence, and utter want of sympathy cannot be tolerated by this House. I think the Government and the officers concerned ought to have come to the rescue much earlier and in a more generous spirit. They moved in the matter only too late and the monsoon will break out in the course of a week or two and when that happens the rains will wash out the parasites and the epidemic will come to a natural termination without anybody's help. Really therefore it is a case of no relief to the poor people affected by the epidemic though the disease has been raging for the last three months or four months. This is to be greatly deplored.

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MR. K. R. ELENKATH (*Kolkulam I*) : In supporting this adjournment motion, I would like to bring some suggestions for the consideration of the House as well as the Government. As matters stand at present, I find that the work of the Health Department is very satisfactory. The Director and the officer in charge of the Health Unit at Neyyattinkara are doing all that is humanly possible to do. Now what we actually want is an agency for helping them . We have to supply and distribute medicines and provisions ? We have a shortage of provisions no doubt. But even the provisions that have been supplied in these centres of suffering have not been distributed properly. It is because there is want of agency. It may be almost impossible for the Government to take up the work of distributing the provisions. But I suggest that Government could, if they have thought it necessary, without any considerable expenditure, found out agencies. For example there is the Scout organisation. There is the Scout Commissioner and the District Commissioner and all the rest of it. They are all for show if their services are not forthcoming nor could be utilised at this moment of the country's need. What is their use if such an opportunity as this is not availed of by them ? Government ought to have in time moved them in the matter. They could also have utilized the services of the army of Primary school teachers especially at a time when the schools were closed for midsummer holidays ; but they did not do anything in this direction Even in the matter of collection of funds Government have not moved at all. When the Behar Earthquake took place our Government moved heaven and earth and wanted the public to co-operate with them in the collection of funds. If it was not for the advertisement of our activities and display of our benevolence, it was for something else There was some big name behind the fund. This opportunity for the Government to carry on relief measures by collecting funds and asking their subordinates to see that the maximum is collected for rendering service to the suffering people has not been availed of. The Department of Public Health though active should be more vigilant not only in arresting the spread of the disease but also in rooting it out. With these words I support the motion.

MR. T. T. KESAVAN SASTRI (*Nominated*) സർ, ഇവിടെ നടന്നിട്ടുള്ള പ്രസംഗങ്ങളിൽനിന്നു മലമ്പനി പിടിപെട്ടു സങ്കടപ്പെടുന്ന ആളുകളുടെ സ്ഥിതിഗതികൾ എത്രമാത്രം പരിതാപകരമായിരിക്കുന്നു എന്നു എല്ലാവർക്കും മനസ്സിലായിട്ടുള്ളതുകൊണ്ട് ആ കാര്യത്തെപ്പറ്റി പ്രത്യേകമായി ഒന്നും പറയണമെന്നു വിചാരിക്കുന്നില്ല. ഈ ഘട്ടത്തിൽ ഗവണ്മെൻറും, മലമ്പനി പിടിപെട്ടു കഷ്ടത അനുഭവിക്കുന്നവരെ സഹായിക്കാൻ വരുന്ന മഹാജനങ്ങളും ഒരു സംഗതി പ്രത്യേകമായി ഓർക്കേണ്ടതുണ്ട്. നെയ്യാറ്റിൻകര മുതലായ സ്ഥലങ്ങളിൽ മലമ്പനി പിടിപെട്ടു കഷ്ടപ്പെടുന്നവരും മരണമടയുന്നവരും അധികവും ഹരിജനങ്ങളുടെ ഇടയിൽ ആയതുകൊണ്ട് അതിനെപ്പറ്റി ചില സംഗതി

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കം പ്രസ്താവിക്കണമെന്നെ, ഇപ്പോൾ ഞാൻ ആഗ്രഹിക്കുന്നുള്ളൂ. ഗവ ണ്മെൻറിൽനിന്നു ചെയ്യുന്ന സഹായധനങ്ങളും പൊതുജനങ്ങളിൽനി ന്നും ലഭിക്കുന്ന സഹായധനങ്ങളും മലമ്പനി പിടിപെട്ടു കഷ്ടപ്പെടുന്ന എല്ലാ കുടുംബങ്ങളിലും യഥാക്രമം എത്തിക്കുന്നതിനു സൗകര്യപ്പെടുന്നി ല്ല എന്നുള്ള രഹസ്യം ഈ അവസരത്തിൽ ഓർക്കേണ്ടതാണ്. ഗവ ണ്മെൻറിൽനിന്നു ചെയ്യുന്ന സഹായങ്ങൾ വിതരണംചെയ്യുന്നതു മിക്ക വാറും ചില പ്രത്യേകകേന്ദ്രസ്ഥലങ്ങളിൽമാത്രം എത്തുന്നതേയുള്ളൂ. ഈ പ്രധാന കേന്ദ്രസ്ഥലങ്ങളിൽ അരി, വസ്ത്രം മുതലായ സാധനങ്ങൾ വി തരണംചെയ്താൽ അവിടെ സന്നിഹിതരാവുന്നവർക്കു ലഭിക്കുന്നതുണ്ട്. എന്നാൽ രോഗം പിടിപെട്ടു അപകടസ്ഥിതിയിൽ കിടക്കുന്ന മറ്റു സ്ഥലങ്ങളിലുള്ളവരെ പ്രത്യേകമായി ശ്രദ്ധിക്കുന്നില്ല. ഇങ്ങനെ പല ർക്കും യാതൊരു വിധമായ സഹായവും ലഭിക്കാതിരിക്കുന്നതായി എനി ക്കറിയാം. അതുകൊണ്ടു ഈ ആപൽഘട്ടത്തിൽ ഗവണ്മെൻറിൽ നിന്നും പൊതുജനങ്ങളിൽനിന്നും കിട്ടുന്ന സഹായസഹകരണങ്ങൾ മല മ്പനി പിടിപെട്ടു കഷ്ടപ്പെടുന്ന പൊതുജനങ്ങൾക്കു യഥാസമയം ലഭി ക്കത്തക്കവിധത്തിൽ ശ്രദ്ധിക്കുന്നതു നന്നായിരിക്കും. ഹെൽത്ത് യൂണി റ്റിൽനിന്നും സ്ഥലവാസികൾക്കു വേണ്ട സഹായസഹകരണങ്ങൾ ലഭി ക്കുന്നു എന്നറിയുന്നതിൽ സന്തോഷമുണ്ട്. മലമ്പനി പിടിപെട്ടവരു ടെ സംഖ്യ വളരെ അധികമാണെങ്കിലും, മരണം സംഭവിച്ചിട്ടുള്ളവ രിൽ ഭൂരിപക്ഷവും അധഃകൃതരാണെന്നുള്ളതു കണക്കുകൊണ്ടു പ്രത്യക്ഷ പ്പെടുന്നതാണ്. അധഃകൃതർക്കു രോഗം വന്നാൽ രോഗം ശമിപ്പിക്കുന്ന തിനു തക്കധനമോ ചികിത്സാസൗകര്യമോ ഇല്ലാതെയാണിരിക്കുന്നതു്. അതിനാൽ ഗവണ്മെൻറിൽനിന്നും പൊതുജനങ്ങളിൽനിന്നും ലഭിക്കുന്ന സഹായങ്ങൾ എല്ലാവർക്കും യഥാസമയം ഒരുപോലെ ലഭിക്കത്തക്കവിധ ത്തിൽ ഏർപ്പാടുചെയ്യണമെന്നു പ്രത്യേകം അപേക്ഷിച്ചുകൊള്ളുന്നു.

MR. JAMES SIMPSON (*Darbar Physician*): Sir, I would like to make an explanation with regard to the charges made against the Medical Department. I take it that the members understand the work of the Medical Department and that of the Public Health Department and how they are run since the Sanitary Department was merged into the Public Health Department. Until two or three months ago there was the Public Health Department under the charge of the Deputy Director of Public Health. That Department was never under the Darbar Physician. He had absolutely nothing to do with the inner working of the Department. Government decided to appoint a full-time Director and the Department was to work in co-operation with the Medical Department. The co-operation which took place was to keep

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[Mr. James Simpson.]

the officers of the Public Health Department in the same cadre as that of the Medical Department. Officers from the Medical Department were to help the Health Department when requisitions were made from that Department. It was not the Medical Department that should recommend to Government to place Medical Officers in various parts of the State but the Medical Department is to inform the Public Health Department of any prevalent disease. The Public Health Department has a net-work of men, the Sanitary Officers, and the Section Officers who are constantly on the look-out for out-break of diseases.

The Public Health Department has been watching this epidemic at its several stages and the Pakuthy Cutcherries have been recording the figures relating to the number of attacks, deaths etc. The Public Health Department recommended the part-time dispensary at Vidura to be made into a full time dispensary. The Durbar Physician went there along with the Medical Officer, on a morning at 7-30 and investigated the matter examining microscopically the blood of a number of patients. We decided that the Vidura Dispensary must be converted into a full-time dispensary and reiterated to Government the advice already given some weeks previously, namely, that Vidura dispensary should be made full-time.

MR. CHANGANACHERY K. PARAMESVARAN PILLAI (*Kunnattur* cum *Pattanapuram*): May I know from the member the date of that vsiit?

MR. JAMES SIMPSON (*Durbar Physician*): I can't say.

MR. CHANGANACHERY K. PARAMESVARAN PILLAI (*Kunnattur* cum *Pattanapuram*): May I know from the member how many days after the Darbar Physician received my letter was it that the visit was made?

MR. JAMES SIMPSON (*Durbar Physician*): I can't give you that information now. My friend already admitted that he sent a letter to Government. If the Government had thought it necessary it would have sanctioned my recommendation. But over and above that, Vidura has been recommended to be opened as a full-time dispensary for a number of months.

Then again, Sir, I trust that you understand exactly the relationship between the Public Health Department and the Medical Department. The Medical Department has absolutely nothing to do with public health.

MR. CHANGANACHERY K. PARAMESVARAN PILLAI (*Kunnattur* cum *Pattanapuram*): May I know whether it is not the duty of the Medical Department to treat patiens suffering from malaria?

MR. JAMES SIMPSON (*Durbar Physician*): Exactly its duty, and that is being done, Sir.

The dispensaries in the malarial areas in the State are supplied with extra quantity of quinine and other drugs necessary for the treatment of malaria. As soon as malaria was reported to be prevalent, this was done immediately in all those dispensaries which were situtated in malarial districts.

MR. CHANGANACHERY K. PARAMESVARAN PILLAI (*Kunnattur* cum *Pattanapuram*): May I know from the member when the measures were taken?

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MR. JAMES SIMPSON (*Darbar Physician*): The measures were started as soon as report was received.

MR. CHANGANACHERY K. PARAMESVARAN PILLAI (*Kunnathur cum Pattanapuram*): May I know what is the date?

MR. JAMES SIMPSON (*Darbar Physician*): I can't say the exact date.

MR. CHANGANACHERY K. PARAMESVARAN PILLAI (*Kunnathur cum Pattanapuram*): May I know the approximate date?

MR JAMES SIMPSON (*Darbar Physician*): I could not even get that. Certainly 3 or 4 months ago.

But as soon as cases of malaria were discovered the dispensaries were supplied with sufficient quantity of quinine. Administering quinine is the only method of treating malaria. Malaria was disturbing Ceylon and it is similar malaria that is now disturbing Travancore also. Other preparations of quinine have been tried in Ceylon but it has been found that quinine is alone useful for treating a large number of patients. Well, Sir, the Director of Public Health will be able to enlighten the House further on that subject.

RAO SAHIB S. PARAMESVARA AIYAR (*Nominated*): Has it been settled definitely by the department that the malaria prevailing here is the same as that which prevailed in Ceylon?

MR. JAMES SIMPSON (*Darbar Physician*): In a large number of cases it is more or less the same But there are mixed types also.

Now, Sir, I trust that the members appreciate the fact that the Medical Department and the Public Health Department are two separate entities. The Medical Department is doing its absolute best by the medical officers in the areas doing their part of the work and the Public Health Department doing its part by rendering relief work.

MR. M. SIVATANU PILLAI (*Tovala*): May I know from the member the number of visits he made to Neyyattinkara taluk to inspect the work?

MR. JAMES SIMPSON (*Darbar Physician*): Well, I have been to Vellarada, Panichamood, Ravnamchirai, Cherivakkal, Neyyattinkara, Parassala and various other places.

MR. N. K. KRISHNA PILLAI (*Neyyattinkara I*): May I know the dates he visited?

MR. JAMES SIMPSON (*Darbar Physician*): Neyyattinkara was visited on the same date as I met the member himself there.

MR. N. K. KRISHNA PILLAI (*Neyyattinkara I*): May I ask the member whether it was not before the outbreak of malaria that he made that visit?

MR. JAMES SIMPSON (*Darbar Physician*): I was there and at Parassala. I noticed the first sign of the epidemic.

MR. PACODE A. NARAYANA PILLAI (*Vilavankod*): May I know whether the Darbar Physician visited any place in the Vilavankod taluk?

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MR. JAMES SIMPSON (*Durbar Physician*): I do not know exactly to what all places in that taluk I have gone. I am unaware of the taluk boundaries.

MR. A. THANU PILLAI (*Trivandrum—Rural*): May I know whether the Medical Department has or has not any responsibility in a situtation like the present one?

MR. JAMES SIMPSON (*Durbar Physician*): The Medical Department has responsibility for curing and giving treatmeut when it has established a dispensary in any place. The Public Health Department takes measures to control the spread of the disease and recommends to Government necessary measures.

DR. M. K. GOPALA PILLAI (*Director of Public Health*): Sir, I welcome the opportunity that has been afforded to me to enlighten this House and the public in general with regard to the malaria situtation and the relief and treatment in connection with that in the taluks of Neyyattinkara, Nedumangad and Vilavankod. One member on the other side of the House said that malaria seems to have been imported into the State from Ceylon. Certainly not. For years, perhaps for decades or centuries, malaria has been endemic in almost all eastern parts of Nedumangad, Vilavankod and Neyyattinkara taluks, Kadayal and Kaliyal and many eastern parts of Ottasekharamangalam have been depopulated for years on account of malaria.

MR. P. K. NARAYANA PILLAI (*Ambalapuzha I*): If so, may I know from the member whether any adequate steps have been taken for the eradication of the trouble?

DR. M. K. GOPALA PILLAI (*Director Public Health*): The Department has begun to function on modern lines only recently and we are taking adequate steps.

MR. P. K. NARAYANA PILLAI (*Ambalapuzha I*): So, am I to know from the member that adequate steps had not been taken to prevent the disease?

DR. M. K. GOPALA PILLAI (*Director of Public Health*): We are taking adequate steps.

DEPUTY PRESIDENT: Adequate step is a matter of opinion.

MR. P. K. NARAYANA PILLAI (*Ambalapuzha I*): So, according to the member, may I know whether adequate steps have been taken or are being taken?

DR. M. K. GOPALA PILLAI (*Director of Public Health*): Are being taken at present; who is responsible for the past incident is not known.

MR. P. K. NARAYANA PILLAI (*Ambalapuzha I*): We are not going to place any responsibility on anybody. That is not the question.

DR. M. K. GOPALA PILLAI (*Director of Public Health*): The actual situtation, I have to inform the House, in the affected areas and its anticedents as also the treatment and relief measures in progress have been published from time to time in the bulletins that have been issued from the department.

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MR. M. SIVATANU PILLAI (*Tovala*): When most of the people are affected, are they able to understand the bulletins?

DR. M. K. GOPALA PILLAI (*Director of Public Health*): If there are sympathetic men as the member himself, it is their business to go to the affected people and instruct them. We are trying to instruct the members of the educated public. It is not possible for Government agencies to go to every house and distribute leaflets and take preventive measures.

MR. M. SIVATANU PILLAI (*Tovala*): Am I to understand that the leaflets are intended for educated people so that they may take on their shoulders the responsibility of going to those people and encouraging them to live the manner suggested in the bulletins.

DR. M. K. GOPALA PILLAI (*Director of Public Health*): Bulletins are intended for those who can read and write.

MR. M. SIVATANU PILLAI (*Tovala*): Are un-educated people capable of understanding the bulletins?

DR. M. K. GOPALA PILLAI (*Director of Public Health*): If there are large-hearted people, they can go and teach the uneducated.

DEPUTY PRESIDENT: You expect non-official agency to help the Government?

DR. M. K. GOPALA PILLAI (*Director of Public Health*): Yes.

MR. M. SIVATANU PILLAI (*Tovala*): I want to know what was the object of distributing the leaflets; whether they are intended for the affected and, if so, whether they are educated enough to understand them?

DEPUTY PRESIDENT: The fact that bulletins were distributed is important and the member has stated that. What induced them to do so does not arise.

DR. M. K. GOPALA PILLAI (*Director of Public Health*): It is to arouse health conscience in the minds of the lay public.

MR. N. E. VARUGHESE (*Tiruvalla I*): The Chair has ruled that the member's question need not be answered. Is the member therefore in order in having answered the question?

DEPUTY PRESIDENT: He did not say anything in answer to that question.

DR. M. K. GOPALA PILLAI (*Director of Public Health*): The present malaria epidemic in the hearts of Vilavankod, Neyyattinkara and Nedumangad is due to the unprecedented drought or rather the extraordinary metereological conditions. It has spread to the neighbouring places from its endemic centres. As another member has exaggerated, it has not become a state-wide or country-wide calamity. It is confined to the adjoining pakuthies of the chronic endemic centres.

MR. P. K. NARAYANA PILLAI (*Ambalapuzha I*): May I know whether it has propagated through water?

DR. M. K. GOPALA PILLAI (*Director of Public Health*): It has propagated not *through* water but on account of *scarcity* of water. If there was rain all the mosquito larvae would have been washed away.

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MR. S. J. NAIR (*Nedumangad*) : May I know whether the epidemic of malaria has not spread throughout the pakuthies of Nedumangad ?

DR. M. K. GOPALA PILLAI (*Director of Public Health*) : Not all the pakuthies, but only certain pakuthies.

MR. S. J. NAIR (*Nedumangad*) : Which pakuthies are exempted?

DR. M. K. GOPALA PILLAI (*Director of Public Health*) : Sir, the pakuthies west of Nedumangad-Trivandrum road are free from malaria.

MR. S. J. NAIR (*Nedumangad*) : May I know from the member whether the pakuthies of Vamanapuram, Manikkal, Vempayam, Aryanad are all affected ?

DEPUTY PRESIDENT : He is discussing a general question and questions relating to small areas do not arise. We are dealing with a general question.

MR. S. J. NAIR (*Nedumangad*) : A word of explanation, Sir.

DEPUTY PRESIDENT : No explanation is necessary,

MR. S. J. NAIR (*Nedumangad*) : May I know whether all the pakuthies of Nedumangad taluk are not affected by malaria ?

DR. M. K. GOPALA PILLAI (*Director of Public Health*) : No.

MR. S. J. NAIR (*Nedumangad*) : May I inform the member that malaria is prevalent in all the pakuthies ?

DEPUTY PRESIDENT : No, that is not right.

MR. PACODE A. NARAYANA PILLAI (*Vilavankod*) : How does the Honourable Member account for the spread of the disease in the Health Unit area of Neyyattinkara which is partly under the municipality ?

DR. M. K. GOPALA PILLAI (*Director of Public Health*) : Because certain pakuthies of the Health Unit are lying adjacent to the affected area.

MR. M. SIVATANU PILLAI (*Tovala*) : So I am to understand that the Health Unit is not able to arrest the spread of the disease ?

DR. M. K. GOPALA PILLAI (*Director of Public Health*) : The spread of the disease is owing to certain meteorological conditions.

MR. M. SIVATANU PILLAI (*Tovala*) : So the Health Unit is not able to keep with the force ?

DR. M. K. GOPALA PILLAI (*Director of Public Health*) : So far no force has been found to withstand meteorological conditions.

MR. M. SIVATANU PILLAI (*Tovala*) : I understood from the member that this disease took up the epidemic form owing to the scarcity of water.

DR. M. K. GOPALA PILLAI (*Director of Public Health*) : Not owing to scarcity of water alone but on account of meteorological conditions also.

MR. M. SIVATANU PILLAI (*Tovala*) : I want to know what steps the Director of Public Health took to alleviate that.

DEPUTY PRESIDENT : He is only at the beginning of his speech. You please proceed.

DR. M. K. GOPALA PILLAI (*Director of Public Health*) : So, the disease at present is only in a miniature form and not in the same phenomenon that we have been witnessing in Ceylon. In Ceylon there was this malaria in an area of about 5,000 squre miles and the deaths were more than 40,000 and the number of attacks was about half a million

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MR. K. KUNJUKRISHNA PILLAI (*Quilon I*) : May I know how long they took to recognise this disease an epidemic in Ceylon ?

DR. M. K. GOPALA PILLAI (*Director of Public Health*) : It took a long time.

MR. M. SIVATANU PILLAI (*Tovala*) : A point of order. How are we concerned with Ceylon here, Sir ?

DEPUTY PRESIDENT : I am not sitting here idle. If it does not concern us, I am here and I shall intervene.

DR. M. K. GOPALA PILLAI (*Director of Public Health*) : The members seem to be concerned with the epidemic in Ceylon because it was seen first in Ceylon. I told you that in Ceylon about 5,000 square miles were affected and there was half a million patients. The death rate in Ceylon was 17 per 2 thousand whereas in Travancore the rate of mortality was 5. This shows that our attack here is not so virulent as the type that has spread in Ceylon.

MR. M. SIVATANU PILLAI (*Tovala*) : Is it the result of the activities of the department ?

DEPUTY PRESIDENT : Each member may have his inference on that. The Government member need not answer that question.

DR. M. K. GOPALA PILLAI (*Director of Public Health*) : I boast that it is due to the activities of the department. In the opinion of Sir, John Megaw, about 50 million of people suffer from malaria in India and this disease may in some years attack over 100 millions.

MR. M. SIVATANU PILLAI (*Tovala*) : When did you start your activities ?

DR. M. K. GOPALA PILLAI (*Director of Public Health*) : As soon as the report was received by our department action was taken.

MR. M. SIVATANU PILLAI (*Tovala*) : I want the date on which the department commenced its activities ?

DEPUTY PRESIDENT : The Government member must answer if he knows.

MR. M. SIVATANU PILLAI (*Tovala*) : May I know from the member whether the activity was started on the first of Medom ?

DR. M. K. GOPALA PILLAI (*Director of Public Health*) : Anti-malaria activities were started much earlier.

MR. M. SIVATANU PILLAI (*Tovala*) : May I know the appproximate time ?

DR. M. K. GOPALA PILLAI (*Director of Public Health*) : By the 15th of Makaram.

MR. M. SIVATANU PILLAI (*Tovala*) : What was the nature of the steps that were taken then ?

DR. M. K. GOPALA PILLAI (*Director of Public Health*) : There is only one step to be taken and that is suppression of fever by the administration of quinine

MR. P. K. NARAYANA PILLAI (*Ambalapuzha I*) : May I know from the learned member whether he is aware that a writer in the Press has stated the application of Ayurvedic medicine would successfully cure malaria ?

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DR. M. K. GOPALA PILLAI (*Director of Public Health*) : I am aware but I have no faith in that.

MR. P. K. NARAYANA PILLAI (*Ambalapuzha I*) : Has it been tried ?

DR. M. K. GOPALA PILLAI (*Director of Public Health*) ; It has been tried for many years. But we have found that quinine is the only true remedy for malaria. Ayurvedic Physicians were challenged in Madras. They were given 3 to 4 weeks to treat and cure a malaria patient. At the end of that period they found that their drugs were of no use.

MR. P. K. NARAYANA PILLAI (*Ambalapuzha I*) : Are you aware of the challenge thrown by Mr. Kummanam Govinda Pillai of Ettumanoor?

DR. M. K. GOPALA PILLAI (*Director of Public Health*) : I shall accept his challenge if he could try his remedy in Neyyattinkara.

RAO SAHIB S. PARAMESVARA AIYAR (*Nominated*) : May I know what is the actual number of attacks and number of deaths?

DR. M. K. GOPALA PILLAI (*Director of Public Health*) : The actual number of attacks in the Neyyattinkara taluk alone came to 21,456.

MR. M. SIVATANU PILLAI (*Tovala*) : From which date ?

DR. M. K. GOPALA PILLAI (*Director of Public Health*) : From the date when we collected the statistics, *i. e.*, from the 15th of Makaram. In the Nedumangad taluk the number of attacks is 3,519, and in the Vilavankod taluk 1,441. The number is up to the 18th of May,

MR. M. SIVATANU PILLAI (*Tovala*) : May I know whether there was any wilful suppression of figures by the departmental staff ?

DR. M. K. GOPALA PILLAI (*Director of Public Health*) : I can't answer that question.

DEPUTY PRESIDENT : When the member says that he is not able to give information let us leave him there.

MR. M. SIVATANU PILLAI (*Tovala*) : In view of the bulletins published and distributed in Neyyattinkara taluk to the effect that the activities of the Public Health Department were started only from the 1st of Medom, what has the Director to say about the statement that they were already started from the 15th of Makaram ?

DR. M. K. GOPALA PILLAI (*Director of Public Health*) : The outbreak was first noticed on the 14th February which corresponds to the end of Makaram. The distribution of quinine was arranged through official and private agencies from Makaram but regular treatment by establishing treatment centres was started from 1st of Medam.

MR. S. J. NAIR (*Nedumangad*) : May I know from the member when the attack was reported from Nedumangad ?

DR. M. K GOPALA PILLAI (*Director of Public Health*) : We got information on the 15th of April. I think that I got the information from the Honourable Member himself.

RAO SAHIB S. PARAMESVARA AIYAR (*Nominated*) : May I know from the member the number of deaths that have occured since the outbreak of the disease ?

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DR. M. K. GOPALA PILLAI (*Director of Public Health*): The number of deaths in Neyyattinkara is 490. In Vilavankod it is 121.

DEPUTY PRESIDENT: I wish the Government member to say what he has to say as briefly as possible since we have very little time at our disposal.

MR. M. SIVATANU PILLAI (*Tovala*): From what agency the Director got the information?

DR. M. K. GOPALA PILLAI (*Director of Public Health*): These figures were collected by our own men going from door to door in the affected areas.

An outbreak of malaria though not very much in excess of its normal form of visitation has also lately occurred in the pakuthies of Karimannoor and Karikode in Todupuzha taluk and the pakuthies of Chadayamangalam and Kumil in Kottarakara taluk.

There is a preliminary difficulty in regard to organising an attack on malaria in this State. According to the rules *re* notification of diseases now in force in Travancore passed under the Epidemic Diseases Regulation, malaria is not a notifiable disease. The only notifiable diseases are plague, cholera and small-pox. As such it is only natural that the disease may not be notified promptly by the Proverthicars; further their procedure is to include malaria under the broad classification fevers from which it would not be possible to ascertain the incidence of malaria. The field staff of the Public Health Department is composed mostly of Vaccinators who are now engaged in an intensive campaign and whose primary work is different.

Though the Public Health Department has ordinarily to deal with preventive medicine and not curative, the problem of malaria control was taken up immediately the outbreak assumed an epidemic form.

Vigorous control measures on an extensive scale were organised and are in progress in all the malaria-stricken localities in the taluks of Neyyattinkara, Nedumangad and Vilavankod. The Medical Officer of Health, Health Unit, is in charge of the immediate supervision. The staff deputed for malaria duty includes:—

One Assistant Surgen.
One Entomological Research Assistant.
Two Sub-Assistant Surgeons.
One Public Health Nurse.
One Midwife.
Seven Sanitary Inspectors.
One Research Field Assistant.
Two Field Assistants.
Fourteen Vaccinators.

The trained personnel attached to the Neyyattinkara Health Unit came in handy for being mobilised for malaria control operations.

There are 21 treatment centres (excluding dispensaries) in Neyyattinkara taluk, 3 in Nedumangad taluk and 4 in Vilavankod taluk. In Neyyattinkara taluk which is by far the worst affected taluk, there

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[Dr. M. K. Gopala Pillai.]

is practically one treatment centre within a radius of one mile; this arrangement has been made so as to render medical aid as easily available as possible to the patients. A temporary dispensary is opened at Kallikkad in Ottasekharamangalam pakuthi. The bi-weekly dispensary at Vidura is made a daily dispensary and a new dispensary has been opened at Aryanad.

Quinine is the best known specific for malaria. Extensive quininiation has been undertaken, the drug being as far as possible personally administered to the patients by the treatment staff. 350 lbs. of quinine have been purchased and distributed at an approximate cost of Rs. 10,000. Attempts have been made to take medicine to the very doors of the patients despite the fact that several affected centres are hilly with no proper means of communication. The number of persons treated till 4th Edavom 1110/18th May 1935 is 26,319. This figure includes cases of recurrence of fever and also individuals who have been taking quinine in prophylactic doses.

DEPUTY PRESIDENT: The House will now adjourn *sine die*.

The House adjourned at 5-30 P. M.

P. PARAMESVARAN PILLAI,
Secretary to the Sri Mulam Assembly.

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Annexure I.

STANDING FINANCE COMMITTEE, 1110.

MINUTES OF THE MEETING OF THE STANDING FINANCE COMMITTEE OF THE SRI CHITRA STATE COUNCIL AND THE SRI MULAM ASSEMBLY HELD ON THE 13TH MAY, 1935/30TH MEDAM, 1110.

The second meeting of the Standing Finance Committee of the Sri Chitra State Council and the Sri Mulam Assembly was held in the Dewan's Room, Public Offices, at 11-30 A. M., on Monday, the 13th May, 1935/30th Medam, 1110. The following members were present :—

1. Khan Bhahadur Sir Muhammad Habibullah Sahib Bahadur, K. C. S. I, K. C. I. E., Kt., LL. D., Dewan —President.
2. M. N. Paramesvaran Pillai Esq., B. A., B. L., Member, Sri Chitra State Council.
3. A. S. Damodaran Asan Esq., B. A., B. L., Member, Sri Mulam Assembly.
4. K. Sankaran Esq., B. A., B. L., Member, Sri Mulam Assembly.
5. Rao Sahib N. Kunjan Pillai Esq., M. A., B. Sc. Ph. D., Chief Secretary to Government.
6. C. S. Krishnaswami Aiyar Esq., M. A., Ag. Financial Secretary to Government.

1. EXCISE—SALT.

1. The Committee took up for consideration the proposal to provide Rs. 4,400 under 3 B—Salt to meet the expenditure under transport charges of salt for the current year. Mr. M. N. Paramesvaran Pillai wanted to know the reasonableness of incurring higher rates for transport charges at a time when labour was cheap. Mr. A. S. Damodaran Asan also enquired whether the Government had tried to ascertain from the Excise Commissioner the reasons for high tenders in respect of transport charges. The Dewan said that the question of labour in such matters does not come into consideration at all since the work is entrusted to the lowest tenderer. The Committee accepted the proposal and agreed to the additional sum of Rs. 4,400 under 3. B—Salt—being provided in the Budget for 1110.

2. The Committee next took up for consideration the proposal for the appointment of the following staff for the Sri Chitra Thirunal Muthuswami Salt Factory and for the Thattarippu Odai Salt factory :—

SRI CHITRA THIRUNAL MUTHUSWAMI SALT FACTORY.

One 1st Grade Sub-Inspector on	Rs. 40	per mensem.
One 2nd Grade Petty Officer on	Rs. 25	Do.
One 4th Grade Petty Officer on	Rs. 18	Do.
Two 1st Grade peons on	Rs. 13	each per mensem.
Two 2nd Grade peons on	Rs. 12	Do.
Three 4th Grade peons on	Rs. 10	Do.
Five 5th Grade peons on	Rs. 9	Do.
Local allowances	Rs. 26-14-0	per mensem.

THATTARIPPU ODAI SALT FACTORY.

One 1st Grade Sub-Inspector on	Rs. 40	per mensem.
One 3rd Grade Petty Officer on	Rs. 22	Do.
One 4th Grade Petty Officer on	Rs. 18	Do.
One 1st Grade peon on	Rs. 13	Do.
Two 2nd Grade peons on	Rs. 12	each per mensem
Three 4th Grade peons on	Rs. 10	Do
Four 5th Grade peons on	Rs. 9	Do.
Local allowances	Rs. 23-14-0	per mensem

Mr. A. S. Damodaran Asan enquired whether it would be proper for the Committee to sanction expenditure for a scheme to which the Government had already committed themselves without the previous approval of the Legislature. Rao Sahib Dr. N. Kunjan Pillai said that though the salt factory was opened in Kumbhom last a temporary staff was appointed for supervision and that it was now necessary to entertain the above staff permanently. Mr. Damodaran Asan doubted whether it would be proper for the committee to allow the pay of the staff for the period prior to the passing of the same by the Legislature. The Dewan thereupon explained the object underlying the proposal. A big factory of the type of Mr. Karayalar's can ill-afford to wait for months together without salt manufacture, especially in view of the fact that the factory would not be able to work when the monsoon sets in. It was emergencies of this nature that led to the entertainment of the staff. Mr. Damodaran Asan objected to the principle underlying the provision for the staff for the month of Medam. He said that if there was any emergency in the matter, Government ought to have called a meeting of the Legislature and obtained its approval particularly because the previous meeting of the Legislature was held months back. Mr. M. N. Paramesvaran Pillai said that he was not in agreement with Mr. Damodaran Asan that Government would be justified in summoning a meeting of the Legislature for every item of emergent expenditure occurring now and then. Mr. Damodaran Asan then said that if it was not possible to hold a meeting of the Legislature the proper course was for the Government to authorise the expenditure under Section 32 of the Legislative Reforms Regulation as far as the expenditure for the period prior to the sitting of the Legislature is

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